

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009257

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2643

STATE FILE NUMBER

FILED MAR 14 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

19/4/1963

August Calvin Reibert

3 Calvin August Reibert

DOCUMENT

BY AFFIDAVIT OF funeral director

MEDICAL CERTIFICATION

21. I attended the deceased from

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 45 Yrs		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		d. STREET ADDRESS (If outside, give location) 3908 Greer Ave	
3. NAME OF DECEASED (Type or print) Calvin August CALVIN REIBERT		4. DATE OF DEATH Month March Day 4 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/26/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Shelbyville, Indiana
13a. FATHER'S NAME Rev. August Reibert		13b. MOTHER'S MAIDEN NAME Augusta Gunther	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. #1		17. INFORMANT Mrs Arthur C. Reibert 3908 Greer Ave	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK: MULTIPLE FRACTURED RIBS; CEREBRAL CONCUSSION; PULMONARY CONGESTION; Suffered when struck by car DUE TO (b) operated by STANLEY ZDANOWSKI, at intersection of Grand and Hebert about 6:35 P.M. on March 4th 1963. DUE TO (c) Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 8124-25 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above	
20c. TIME OF INJURY Hour 6:35 a.m. 3-4-63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10 Street		20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:00P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner		22b. ADDRESS 1300 Clark Ave.	
22c. DATE SIGNED 3-6-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	23b. DATE 3/7/63	23c. NAME OF CEMETERY OR CREMATORY Muncie Cemetery	
23d. LOCATION (City, town, or county) Muncie, Indiana			
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 5031

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.